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SELF-MUTILATION.--TRACHEOTOMY.

REPORTED BY WALTER CHANNING, M. D.,
Late Assistant Physician New York State Asylum for Insane Criminals.

[From the *American Journal of Insanity*, for January, 1878.]



With the compliments of the writer

CASE OF HELEN MILLER.

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REPORTED BY WALTER CHANNING, M. D.

Late Assistant Physician New York State Asylum for Insane Criminals.

Mrs. Helen Miller was first admitted to the State Asylum for Insane Criminals at Auburn, N. Y., in October, 1872, and discharged from there in December 1874. No medical record was made of her case, but it is stated that she passed most of the time in bed, her disease being "indisposition." Various sores made their appearance on her body, supposed to be syphilitic though she denied ever having had syphilis. She was discharged as "cured" on the expiration of her sentence. During her two years residence at the Asylum she made no attempt to mutilate herself.

A few months only after her discharge, she was again arrested for grand larceny and sentenced to the State Prison at Sing Sing for five years. Being anxious to be transferred to the Asylum, she began to "cut up," as she expresses it, and finally was transferred and re-admitted in July 1875.

The following information concerning her previous history, we have obtained from a physician in New York, who, Mrs. Miller stated, was a friend of hers. In a letter kindly written in answer to our enquiries, he says: "I first saw Helen Miller seven years ago when she visited my office and proposed putting herself under my care. Shortly afterward she was arrested, tried and convicted of stealing from Dr. ——. She has been the patient of a dozen physicians of my acquaintance. She never stole anything from me, but would never sit

alone in my office for a single moment, preferring to remain in the street. I spoke to her about it and she said she was afraid that something might be stolen and I would probably ascribe it to her, knowing that she had served a term in Sing Sing. Her last trial was for stealing a stuffed canary and a microscope lens. I had my doubts of her guilt in this case, as she had been at my office just before and after the time of the robbery. She swore she had never been tried before, but the evidence of her former conviction was shown by the District Attorney and this caused her second conviction. I believe her to be a kleptomaniac, if one ever existed, and probably her rooms are filled with things taken from doctor's offices. I was treating her for dysmenorrhœa, and was also trying to break her of the opium habit. I never saw the slightest evidence of her having led a fast life. She always dressed plainly and was cleanly in her person and conversation. Had a habit of boasting of all the physicians who had attended her and was fond of claiming acquaintanceship without much ground. I never thought her perfectly sane."

Mrs. Miller was first seen by us in August 1875, a month after admittance to the Asylum. She was an intelligent German Jewess, rather below medium size, thirty years of age, hair and complexion light. She was then thin in flesh, pulse weak, hands red and cold, lips blueish, tongue pale and tremulous when extended. But few of her teeth remained, and her face had a pinched look. Her smile was very pleasant, but her expression at other times was suspicious and irritable.

She was in bed suffering from what seemed to be a severe attack of hæmatemesis. Various remedies were applied, but the hæmorrhage continued several days unabated. Her bodily condition continuing, however,

perfectly good, notwithstanding the blood lost, simulation was suspected: treatment was suspended and the bleeding ceased. The coffee ground appearance of ejected matter she had imitated by vomiting food into her chamber-vessel and covering it with blood, (pricked and sucked from her gums,) and urine. This attack was followed by others of hysterical dysmenorrhœa, and dysentery. Through September she was confined to her bed most of the time with these attacks. Toward the end of the month, she became much depressed, feeling that she had a long sentence to serve in prison, and that she had no friends and but little to hope for in the future. On the 25th of the month, in a paroxysm of despair, she broke twenty three panes of glass. With a small piece of the glass she cut her left wrist and inserting it into the wound endeavored to reach the arteries. Her right hand, which she had used to break the window-panes, was slightly cut in several places. The wound of the wrist was superficial, an inch in length and drawn together with two stitches. She seemed to suffer almost no pain when the stitches were put in. She was much agitated, trembling from head to foot, and crying, but however, said nothing. The next day she was very repentant for what she had done and said that she would never do it again, but in about three weeks she again became "discouraged," to use her own word, or depressed, irritable and suspicious, and being enraged because she was refused opium, cut her arms to avenge her wrongs. The wounds were immediately below the elbow, on the inner surface of the forearm where the flexors are thickest. One cut was six inches in length, the other four. The skin and superficial fascia were cut in a straight line and as cleanly as if done by a surgeon, but the muscular tissue below was hacked in every direction and nearly to the

bone. She was crying and endeavoring to conceal the cuts when seen, and would say nothing as to the situation or number of pieces of glass she was said to have thrust into the wounds. As before she was much agitated, but sat perfectly still and allowed the wounds to be probed. For greater convenience she was etherized, several pieces of glass were then found deep in the wounds, after removing which the cuts were brought together with stitches. The wounds suppurred freely and at intervals of a few days, pieces of glass and splinters of wood were found and removed. The wounds healed rapidly, she gained in flesh and strength, worked about the ward, was very tractable and promised never to injure herself again. In six weeks the wounds were healed and she again became "discouraged." As before she was very irritable and abused the other patients, saying they were trying to torment and tantalize her. The attendants she also felt were "down on her." Some trifle again aroused her anger, and with the same motives as before she cut both her arms exactly where she had cut them on the previous occasion. She was etherized and two pieces of glass and a splinter of wood removed from the right arm, after which the wounds were brought together with stitches. The right arm healed readily, but the wound in the left arm became indolent, the granulations were pale and flabby, and after a few days an erysipelatous inflammation showed itself, followed by constitutional symptoms. These culminated in an attack of *œdema glottidis*, of such severity that suffocation appeared imminent. The tissues of the neck were much infiltrated, the face became livid and the pulse was hardly perceptible at the wrist. As a last resort, all remedies proving futile, tracheotomy was performed, a German, gutta-percha tracheotomy tube being used.

The operation gave immediate relief, but the patient being very weak and the wound showing no activity, (being in a sloughy, erysipelatous condition,) her chances of recovery seemed small. She rallied however, her strength increased, the wound began to granulate healthily and in eleven days the tube was removed. Three weeks after the operation, the wound had entirely healed, and she breathed naturally through her throat. The arm had also nearly healed during this time. During recovery an unusual degree of tetanus was overcome by the use of eighty grains of chloral daily. The effects of the prostration occasioned by the operation did not entirely disappear for nearly two months. During this time she was very patient, thoughtful of others, anxious to do darning or other light work, very neat in her person, a constant attendant at church, always cheerful and hopeful, and very grateful for what had been done for her. Much of the time she read, and also wrote long letters to some of her old doctors in New York, filled with eulogies of all that had been done for her. She talked perfectly coherently and improved decidedly in general health, gaining in flesh and acquiring a good appetite.

This period of apparent convalescence continued about two weeks longer, when she became depressed as before, and cut her arms in the same places. From this time (December, 1875,) to April, 1876, she cut her arms and inserted glass, splinters and other objects into the wounds at intervals of six weeks, there generally being a wound of some kind in one arm. In April she was in a quiet, reasonable condition, and expressed a strong desire to be transferred to the Prison at Sing Sing. She was told this would be done if she would not cut herself for six months. This time had almost expired when, as usual, for the merest trifle, she again

mutilated her arms in about the same places, and buried pieces of glass in the wounds. The next cutting occurred six months after this. The wound in one arm was seven inches in length and deep, in the other superficial, and not more than three inches long. In the deep wound there were as many as thirty pieces of glass, several long splinters, the longest nearly six inches in length, and five shoe-nails. Some of the pieces of glass were covered with cloth, and could not therefore be felt with a probe.

In June, 1877, she cut herself for the last time. The gash was superficial, only two inches in length, and made with a piece of tin. ~~She said she had a piece of glass in her arm, and wished to extract it. The day after this the wound was probed, and she was told decidedly that there was no glass in the arm. Angry that her word should be doubted she, a few minutes afterward, scratched her forearm slightly with a piece of glass, and then broke her ~~chin~~ ~~hand~~ ~~arm~~ ~~up to pieces~~ ~~in the wall over her head.~~~~

The following is a list of articles which have been removed from her arms and saved: ninety-four pieces of glass, thirty-four splinters, two tacks, four shoe nails, one pin, one needle. Several pieces of glass and the pins and needles first removed were unfortunately mislaid and lost. Including these the whole number of objects removed amounted to one hundred and fifty. Once she cut herself with a piece of tin, and once with a sharp splinter, but on all other occasions with glass. The glass was generally taken from windows, but once from a hand-glass, and once from a bottle. The pieces were of various sizes and shapes. Some were pointed, three inches in length, and one-half inch wide at the broad end; others were square, oblong, etc. The pieces from the hand-glass and bottle varied from a quarter of an

inch to an inch in length and diameter, and were rough and jagged. The smallest pieces were the size of small cherry stones. The longest splinter was nearly six inches long, the shortest less than one-fourth of an inch. The shoe nails, tacks, pins and needles were of ordinary size.

The screen in Mrs. Miller's room, over the window, was kept locked; she was not allowed to use any article made of glass, was constantly watched, and if at all excited searched and secluded, and on a few occasions her hands were restrained; but, notwithstanding these precautions, she would procure the glass. On one occasion she wrapped a very small, sharp piece in a rag, and held it in her mouth; on another it was concealed in the vagina, and several times it was given her by other patients. Some pieces of glass she removed, and others she smeared with blood and *said* she had removed. If pieces by any accident came out, as they occasionally did, she saved them for the medical officers with scrupulous care. She would talk of her wounds as if she herself was the nurse, and the case was an interesting one for the doctors. When the inflammation was intense she would allow the wounds to be enlarged, and probed incessantly for an hour if necessary. Often in extracting a small splinter or a piece of glass wrapped in a rag, deep in the wound, it was difficult to obtain a grasp sufficiently strong to draw it out, and the forceps would slip off or a bit of ragged muscle would become entangled in them. The pain these things caused her was so little, however, that she would hold her arms generally perfectly still, and always absolutely refuse to take ether. Strange as it seems she apparently experienced actual erotic pleasure from the probings she was subjected to. She stated that she felt no pain when she inflicted the wounds.

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During the past two years ^{the} patient has had a distinct history of syphilis, shown by the characteristic eruption and pains in the bones that frequently confined her to the bed. She has been very hysterical, having frequent attacks of choking, globus hystericus, and imagined at one time that she had a spool in her throat, and could only swallow through the hole in the middle. For several days she refused food, but no attention was paid to her, and she recovered, being fed surreptitiously as usual. Her thieving propensities have often shown themselves. She would pick up any little thing she saw (particularly, when off the ward,) whether of any service to her or not, and always stoutly asserted, when discovered, that the articles were hers.

Her happiest periods were when the wounds were healing, and she was an object of surgical interest. She took a special pride in having the attention of the physicians directed toward her. At these times she worked about the ward, and even insisted on doing scrubbing and other heavy work, experiencing no inconvenience from the wounds. But even at these times, when tranquil and rational in conversation, and showing both unusual intelligence and cheerfulness, her tongue was very tremulous, her pulse rapid, and her whole system in a condition of such tension that the merest trifle would throw her off her balance. She was evidently struggling with all her might to control her actions with the slight amount of will remaining. These remissions would last only a short time, to be succeeded by doubts, suspicion, jealousy of all about her, and final despondency, in which state she was constantly angry with the other patients, thinking that they were maligning and persecuting her, and in utter hopelessness and despair as to herself. She would feel

that she must get relief in some way, and the *idea* of death seemed welcome, but she would hesitate and doubt, and fear to go any further. Finally, however, an innocent remark made to her by another patient would be construed into an insult of the blackest kind, or a simple refusal to give her extra diet or medicine, would be looked upon as a reflection on her honesty, and wishing to end her misery she would endeavor to kill herself and punish her enemies, and thus avenge her wrongs. That she should endeavor to commit suicide, and to make others suffer, by cutting the muscular tissue of her own arms, is only an example of the wonderful mystery of insanity.

When she felt a paroxysm approaching she would beg to be secluded. Then yielding to her feelings she would pour forth a volley of curses and abuse toward the other patients. Day and night she would continue this, taking no food, and sleeping none. Sometimes she would tear her clothes off. When a paroxysm was at its height she would stop and reason, but generally end by declaring that the doctors were very good and kind to her, but she would not be good, and wanted to be let alone. She never, on any occasion, abused the physicians and never attempted to injure any one. The outbursts lasted from one to several days, and terminated either by self-mutilation or utter exhaustion. Her former intervals of quiet and coherence are becoming less and less frequent. For the last year her delusions of persecution concerning the other patients have been very persistent, influencing her daily conduct, keeping her excited and noisy, and overcoming the little power left over her actions. Already indications of dementia are beginning to show themselves.

In looking over a large number of asylum reports, old files (not entirely complete,) of the AMERICAN JOUR-

NAL OF INSANITY, the *Journal of Mental Science*, and the *English Psychological Journal*, and the writings of Pinel, Arnold, Haslam, Burrows, Prichard, Connelly, De Boismont, Rush, Poole, Bucknill and Tuke, Forbes Winslow, Griesinger, Blanford, Maudsley and others, we find but few cases of self-mutilation similar to the one reported above. Burning, scalding, decapillation, emasculation are found to be the favorite methods. One patient bit his finger off; another cut a hole in his abdomen, drew out the intestines and cut a small portion off. Haslam reports the case of a female who mutilated herself by grinding glass to pieces between her teeth, and so it would be possible to go on and mention many other methods of torture.

One of the most interesting recent cases was that reported by Dr. J. B. Andrews, of the Utica Asylum, in the JOURNAL OF INSANITY for July, 1872, in which he removed three hundred needles from the body of an insane female patient. The needles had all been inserted before she became a patient in the Asylum. The patient was hysterical and in some ways resembled Mrs. Miller in disposition.

In the *Journal of Mental Science* for July 1875, Dr. Robie of the Dundee Asylum, reported the case of a woman who swallowed a circular tea-caddy one and one-fourth inches in diameter with suicidal intent.

Though in some of the reported cases the patients had concealed knives and other weapons with which to inflict injuries, most of the attempts were sudden and unpremeditated. In the present case the hysterical element was always present. The wounds were made as lacerated as possible, the garments were covered unnecessarily with blood and a time of day chosen when help was sure to be at hand. Everything was done to produce as much effect as possible. Though

the muscles were sometimes hacked to the bone, an artery sufficiently large to require ligation was never injured.

Griesinger gives cases in which insane persons simulate attempts at suicide. No doubt Mrs. Miller sometimes attempted simulation, especially on the day after the last cutting, when angry that her word had been doubted, she made a scratch on her forehead, thereby drawing blood which trickled down her face and then with a loud crash broke a chamber-vessel over her head. Her idea was to convey the impression that she wished to dash her brains out.

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